

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT SEATTLE**

STATE OF WASHINGTON, et al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official  
capacity as President of the United States of  
America, et al.,

Defendants.

NO.

DECLARATION OF  
W.J., LMFT

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ATTORNEY GENERAL OF WASHINGTON  
Complex Litigation Division  
800 Fifth Avenue, Suite 2000  
Seattle, WA 98104  
(206) 464-7744

1 I, W.J., declare as follows:

2 1. I am over the age of 18, competent to testify as to the matters herein, and make  
3 this declaration based on my personal knowledge.

4 2. I have lived in the State of Washington my entire life. I am married and raised  
5 children here in Washington.

6 3. I am a licensed marriage and family therapist (LMFT) licensed by the  
7 Washington State Department of Health. I am also a registered play therapist (RPT). I earned a  
8 Bachelor's degree in psychology and counseling. I earned a Master's degree in marriage and  
9 family therapy. I have additional training from the Gender Clinic at Seattle Children's Hospital.

10 4. I work in private practice as an LMFT. In this role, I am a therapist for patients  
11 ranging from children as young as four years old to adults. I have particular expertise with  
12 transgender and gender diverse individuals, including transgender children and adolescents. I  
13 provide individual and family counseling, as well as group therapy, and coaching for parents of  
14 transgender or gender non-conforming children.

15 5. Approximately thirty percent of my current patients are transgender, and I  
16 frequently work with parents of transgender children. In total, I have worked with approximately  
17 20 to 30 trans adolescents in my practice. I view my role providing guidance and knowledge  
18 along my patients' journey. Particularly for kids, I believe in being open and honest, and making  
19 sure that they have enough information to make the right decisions about their lives and medical  
20 treatment.

21 6. Many of my trans patients are thinking about transitioning or have begun their  
22 transition in some way. This can look like changing their hair or clothes, using different  
23 pronouns, taking puberty blockers, receiving hormone replacement therapy (HRT), or receiving  
24 gender-affirming surgery. In my experience providing therapy to transgender children and  
25 adolescents, I have yet to see a single one change their mind about their decision to transition.  
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1           7.       Some of the trans children and adolescents that come to me as patients come for  
2 support with anxiety, depression, thoughts of suicide (suicidal ideation), or attempts at suicide  
3 before they begin to transition or receive gender-affirming care. In my experience, my patients  
4 often have major improvements in their mental health after beginning to transition. It shows up  
5 in both their mental health, in terms of having fewer extreme negative thoughts, as well as their  
6 day-to-day demeanor. Their step is lighter, and their whole demeanor is more positive. I have  
7 seen patients go from having thoughts like “this will never get better” to beginning their  
8 transition and thinking “I want to live.” I have also seen in my practice the varying levels of  
9 depression and anxiety among my transgender patients. I find that patients who have parents,  
10 peers, and community that support their gender identity do not have as high levels of anxiety and  
11 depression as my patients who do not have that support.

12           8.       In my patients who are parents of transgender children, I have noticed similar  
13 patterns in depression or anxiety. When their child is less anxious, the parent is less anxious, and  
14 vice-versa. Anxiety from the parents can trickle down to their children. Many of the parents of  
15 transgender children I see are seeking out information about what their kids are going through.  
16 They want to do research, learn about side effects, and truly understand what gender-affirming  
17 care can look like for their child. The families I work with do not enter into decisions about their  
18 child’s medical care lightly. They decide to support their children and adolescents in  
19 gender-affirming care because they want their children to experience joy in being themselves.  
20 After a transgender child transitions or begins receiving gender-affirming care, oftentimes the  
21 child’s parents become less anxious along with the child.

22           9.       Before the presidential election in November, I heard about plans for the potential  
23 incoming administration to make policies negatively affecting transgender people. I noticed  
24 among my patients there was a lot of confusion and fear. In the weeks following the presidential  
25 inauguration, I became aware of an Executive Order (EO) restricting trans people’s ability to  
26 change their gender markers on identification documents, as well as restrictions on medical

1 providers' ability to provide gender-affirming care.

2 10. Since that EO came out, I've noticed a large increase in anxiety, depression,  
3 despair, and suicidal ideation among my patients. Many of my patients have articulated this is  
4 directly tied to feeling hopeless about their existence, or their child's existence, as transgender.

5 11. Among my transgender patients, I have multiple patients who have stated their  
6 first thought after hearing about this EO was that they should end their life. I have had young  
7 transgender patients suddenly express a desire to no longer exist after learning that the "leader  
8 of our country hates them". I have also noticed a recent increase in bullying based on my patients'  
9 transgender identity. Some of my nonbinary patients, whose passports or identification  
10 documents use the gender marker "Gender X", are fearful they are not safe to travel outside of  
11 the state of Washington. Among my young transgender patients, I have noticed that those who  
12 have less exposure to news about these restrictions are generally less anxious and depressed.  
13 Even among my patients who are not transgender, I have noticed increased anxiety because of  
14 the fear for their transgender friends and family members.

15 12. Among my patients who are parents of transgender children, I have noticed a  
16 sharp increase in anxiety, often attributed to a feeling of powerlessness or hopelessness. I have  
17 also noticed this anxiety in parents often trickles down to their children, making their children  
18 more anxious or depressed.


19 13. Among medical providers who work with transgender youth, I have noticed a lot  
20 of increased anxiety and burnout. Many providers, including myself, are very worried for our  
21 own safety since the EO targeting gender-affirming care was released. Many providers are  
22 concerned about being targeted for providing this care and have removed identifying information  
23 about themselves and their businesses from the internet.

24 14. Since hearing about the EO targeting gender-affirming care, I have been  
25 personally much more anxious. I have had difficulty sleeping and fear for my own safety as a  
26 counselor for transgender youth. While before I tried to balance my case load with patients of

1 varying levels of acuity, almost all my patients are now high acuity, because of the increase in  
 2 fear and anxiety in the last few weeks. I am also more reticent to diagnose patients with gender  
 3 dysphoria, even if it is medically the most accurate diagnosis, because of my patients' fear for  
 4 their own safety if they receive such a diagnosis. I have rarely feared for my or my family's  
 5 safety before, but now feel so afraid. My family has discussed leaving the country in order to  
 6 stay safe and I have friends and colleagues discussing the same thing.

7 I declare under penalty of perjury under the laws of the State of Washington and the  
 8 United States of America that the foregoing is true and correct.

9 DATED and SIGNED this 4 day of February 2025 at 7am, Washington.

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 12 W.J., LMFT  
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